

TRUMAN SCHOLAR EDUCATIONAL EXPENSES & SUPPORT FORM

HARRY S. TRUMAN SCHOLARSHIP FOUNDATION (P.L. 93-642)

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PART I (TO BE COMPLETED BY TRUMAN SCHOLAR)

1. Name _____ 2. Year Elected _____
3. Check One: Payment for Summer 200____; or Payment for Academic Year 200____ - 0____
4. Institution operates on: Semesters Quarters Other (specify)_____

PART II (TO BE COMPLETED BY FINANCIAL AID OFFICER)

6. Institution is: Private Public 6a. If public, scholar will be considered: State Resident Out-of-State Resident
7. Scholar housing: on campus off campus commuting from home

(If the Scholar is attending summer session, please enter the cost figures in Item 8a.)

8. Scholar Costs for 200 - 0 Academic Year	8a. Scholar Costs for Summer 200
a. Tuition:	a. Tuition:
b. Fees:	b. Fees:
c. Books:	c. Books:
d. Room and Board:	d. Room and Board:
e. Additional Expenses:	e. Additional Expenses:

9. Financial Aid Scholar will receive for [] Summer [] Academic Year 200 -0		
Source(s) of Aid (If no scholarships, grants or loans other than Truman Scholarship, please write "NONE".)	Purpose(s) of Award or Loan (Choose either designated or undesignated. If designated, specify for tuition, fees, room and board, books, etc. Choose undesignated if the source does not specify how the support is to be used.)	Amount

10. I certify that the figures in Items 8, 8a. (if applicable) and 9 are accurate and complete for the Truman Scholar identified in Item 1.

Name: (please print) _____ Title: _____

Signature: _____ Date: _____

E-mail address: _____ Telephone: () _____